World AIDS DAY
December 1, 2004

Companion Piece for Public Broadcasting Special

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Note to Educators: Information contained in this document is of a sensitive nature. Please follow your district's policies about implementation of sexual health educational materials. You may wish to have an independent panel review this document prior to use in the classroom.

Where did AIDS come from? Why is the threat of this pandemic disease still with us in South Dakota? Awareness is the first step of prevention. The following is intended to answer some of your questions about this disease and start you or your students along the road to prevention of this insidious disease. Included is information about knowledge, prevention, symptoms, testing and treatment. This information may be used by the classroom teacher for background information, community groups for discussion, or individuals and families.

In addition, web sites, addresses and phone numbers are provided for gathering more information.

How is your knowledge base of HIV? You may want to start here by taking this twelve question, interactive quiz. http://www.avert.org/generalquiz.htm

For more information on HIV/AIDS prevention and educational lesson plans, please contact:
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SD Department of Education
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Phone: 605-773-6898
Email: april.hodges@state.sd.us
Web address: http://www.state.sd.us/deca/cscf/schoolhealth/aids

For more information on HIV/AIDS testing and treatment, please contact:
SD Department of Health
Office of Disease Prevention
615 East 4th Street, Health Lab
Pierre, SD 57501
Phone: 605-773-3737 or (1-800-592-1861 in SD only)
Web address: www.state.sd.us/doh/Disease

Frequently Asked Questions on HIV and AIDS

http://www.csc.gov/hiv/pubs/faqs.htm

Do we have HIV in South Dakota?

Yes, there are currently approximately 300 people living in South Dakota with HIV/AIDS. (This is an estimate, based on number of cases reported to the SD Department of Health.) Reports are tabulated approximately every six months and can be viewed on the Department of Health's website. www.state.sd.us/doh/Disease/hivaids.htm

What is HIV?

HIV (human immunodeficiency virus) is the virus that causes AIDS. This virus may be passed from one person to another when infected blood, semen, or vaginal secretions come in contact with an uninfected person's broken skin or mucous membranes*. In addition, infected pregnant women can pass HIV to their baby during pregnancy or delivery, as well as through breast-feeding. People with HIV have what is called HIV infection. Some of these people will develop AIDS as a result of their HIV infection.

What is AIDS?

AIDS stands for **A**cquired **I**mmuno**d**eficiency **S**yndrome.

Acquired – means that the disease is not hereditary but develops after birth from contact with a disease causing agent (in this case, HIV).

Immunodeficiency – means that the disease is characterized by a weakening of the immune system.

Syndrome – refers to a group of symptoms that collectively indicate or characterize a disease. In the case of AIDS, this can include the development of certain infections and/or cancers, as well as a decrease in the number of certain cells in a person's immune system.

A diagnosis of AIDS is made by a physician using specific clinical or laboratory standards.

Where did HIV come from?

The earliest known case of HIV-1 in a human was from a blood sample collected in 1959 from a man in Kinshasa, Democratic Republic of Congo. (How he became infected is not known.) Genetic analysis of this blood sample suggested that HIV-1 may have stemmed from a single virus in the late 1940s or early 1950s.

We know that the virus has existed in the United States since at least the mid - to late 1970s. From 1979-1981 rare types of pneumonia, cancer, and other illnesses were being reported by doctors in Los Angeles and New York among a number of male patients who had sex with other men. These were conditions not usually found in people with healthy immune systems.

In 1982 public health officials began to use the term "acquired immunodeficiency syndrome," or AIDS, to describe the occurrences of opportunistic infections, Kaposi's sarcoma (a kind of cancer), and *Pneumocystis carinii* pneumonia in previously healthy people. Formal tracking (surveillance) of AIDS cases began that year in the United States.

In 1983, scientists discovered the virus that causes AIDS. The virus was at first named HTLV-III/LAV (human T-cell lymphotropic virus-type III/lymphadenopathy- associated virus) by an international scientific committee. This name was later changed to HIV (human immunodeficiency virus).

For many years scientists theorized as to the origins of HIV and how it appeared in the human population, most believing that HIV originated in other primates. Then in 1999, an international team of researchers reported that they had discovered the origins of HIV-1, the predominant strain of HIV in the developed world. A subspecies of chimpanzees native to west equatorial Africa had been identified as the original source of the virus. The researchers believe that HIV-1 was introduced into the human population when hunters became exposed to infected blood.

For more information on this discovery, visit the NIH National Institute of Allergy and Infectious Diseases press release at http://www.niaid.nih.gov/newsroom/releases/hivorigin.htm.

What causes AIDS?

AIDS is caused by infection with a virus called human immunodeficiency virus (HIV). This virus is passed from one person to another through blood-to-blood and sexual contact. In addition, infected pregnant women can pass HIV to their babies during pregnancy or delivery, as well as through breast feeding. People with HIV have what is called HIV infection. Some of these people will develop AIDS as a result of their HIV infection.

How does HIV cause AIDS?

HIV destroys a certain kind of blood cell (CD4+ T cells) which is crucial to the normal function of the human immune system. In fact, loss of these cells in people with HIV is an extremely powerful predictor of the development of AIDS. Studies of thousands of people have revealed that most people infected with HIV carry the virus for years before enough damage is done to the immune system for AIDS to develop. However, sensitive tests have shown a strong connection between the amount of HIV in the blood and the decline in CD4+ T cells and the development of AIDS. Reducing the amount of virus in the body with anti-retroviral therapies can dramatically slow the destruction of a person's immune system.

For more information:

- Visit the NIH National Institute for Allergies and Infectious Diseases Fact sheet "*The HIV-AIDS Connection*" at http://www.niaid.nih.gov/newsroom/focuson/hiv00/default.htm.

How long does it take for HIV to cause AIDS?

Prior to 1996, scientists estimated that about half the people with HIV would develop AIDS within 10 years after becoming infected. This time varied greatly from person to person and depended on many factors, including a person's health status and their health-related behaviors.

Since 1996, the introduction of powerful anti-retroviral therapies has dramatically changed the progression time between HIV infection and the development of AIDS. There are also other medical treatments that can prevent or cure some of the illnesses associated with AIDS, though the treatments do not cure AIDS itself. Because of these advances in drug therapies and other medical treatments, estimates of how many people will develop AIDS and how soon are being recalculated, revised, or are currently under study.

As with other diseases, early detection of infection allows for more options for treatment and preventative health care.

How is HIV passed from one person to another?

HIV transmission can occur when blood, semen (cum), pre-seminal fluid (pre-cum), vaginal fluid, or breast milk from an infected person enters the body of an uninfected person.
HIV can enter the body through a vein (e.g., injection drug use), the lining of the anus or rectum, the lining of the vagina and/or cervix, the opening to the penis, the mouth, other mucous membranes (e.g., eyes or inside of the nose), or cuts and sores. Intact, healthy skin is an excellent barrier against HIV and other viruses and bacteria.

These are the most common ways that HIV is transmitted from one person to another:

- by having sex (anal, vaginal, or oral) with an HIV-infected person;
- by sharing needles or injection equipment with an injection drug user who is infected with HIV; or
- from HIV-infected women to their babies before or during birth, or through breast-feeding after birth.

HIV also can be transmitted through receipt of infected blood or blood clotting factors. However, since 1985, all donated blood in the United States has been tested for HIV. Therefore, the risk of infection through transfusion of blood or blood products is extremely low. The U.S. blood supply is considered to be among the safest in the world.

Which body fluids transmit HIV?

These body fluids have been shown to contain high concentrations of HIV:

- blood
- semen
- vaginal fluid
- breast milk
- other body fluids containing blood

The following are additional body fluids that may transmit the virus that health care workers may come into contact with:

- fluid surrounding the brain and the spinal cord
- fluid surrounding bone joints
- fluid surrounding an unborn baby

HIV has been found in the saliva and tears of some persons living with HIV, but in very low quantities. It is important to understand that finding a small amount of HIV in a body fluid does not necessarily mean that HIV can be *transmitted* by that body fluid. HIV has *not* been recovered from the sweat of HIV-infected persons. Contact with saliva, tears, or sweat has never been shown to result in transmission of HIV.

How well does HIV survive outside the body?

Scientists and medical authorities agree that HIV does not survive well outside the body, making the possibility of environmental transmission remote. HIV is found in varying concentrations or amounts in blood, semen, vaginal fluid, breast milk, saliva, and tears. To obtain data on the survival of HIV, laboratory studies have required the use of artificially high concentrations of laboratory-grown virus. Although these unnatural concentrations of HIV can be kept alive for days or even weeks under precisely controlled and limited laboratory conditions, CDC studies have shown that drying of even these high concentrations of HIV reduces the amount of infectious virus by 90 to 99 percent within several hours. Since the HIV concentrations used in laboratory studies are much higher than those actually found in blood or other specimens, drying of HIV-infected human blood or other body fluids reduces the theoretical risk of environmental transmission to that which has been observed - essentially zero. Incorrect interpretations of conclusions drawn from laboratory studies have in some instances caused unnecessary alarm.

Results from laboratory studies should not be used to assess specific personal risk of infection because (1) the amount of virus studied is not found in human specimens or elsewhere in nature, and (2) no one has been identified as infected with HIV due to contact with an environmental surface. Additionally, HIV is unable to reproduce outside its living host (unlike many bacteria or fungi, which may do so under suitable conditions), except under laboratory conditions; therefore, it does not spread or maintain infectiousness outside its host.

Can I get HIV from casual contact (shaking hands, hugging, using a toilet, drinking from the same glass, or the sneezing and coughing of an infected person)?

No. HIV is not transmitted by day-to-day contact in the workplace, schools, or social settings. HIV is not transmitted through shaking hands, hugging, or a casual kiss. You cannot become infected from a toilet seat, a drinking fountain, a door knob, dishes, drinking glasses, food, or pets.

HIV is not an airborne or food-borne virus, and it does not live long outside the body. HIV can be found in the blood, semen, or vaginal fluid of an infected person. The three main ways HIV is transmitted are

- through having sex (anal, vaginal, or oral) with someone infected with HIV.
- through sharing needles and syringes with someone who has HIV.
- through exposure (in the case of infants) to HIV before or during birth, or through breast feeding.

Can I get HIV from kissing?

On the Cheek:

HIV is not transmitted casually, so kissing on the cheek is very safe. Even if the other person has the virus, your unbroken skin is a good barrier. No one has become infected from such ordinary social contact as dry kisses, hugs, and handshakes.

Open-Mouth Kissing:

Open-mouth kissing is considered a very low-risk activity for the transmission of HIV. However, prolonged open-mouth kissing could damage the mouth or lips and allow HIV to pass from an infected person to a partner and then enter the body through cuts or sores in the mouth. Because of this possible risk, the CDC recommends against open-mouth kissing with an infected partner.

One case suggests that a woman became infected with HIV from her sex partner through exposure to contaminated blood during open-mouth kissing.

Is there a connection between HIV and other sexually transmitted diseases?

Yes. Having a sexually transmitted disease (STD) can increase a person's risk of becoming infected with HIV, whether the STD causes open sores or breaks in the skin (e.g., syphilis, herpes, chancroid) or does not cause breaks in the skin (e.g., chlamydia, gonorrhea).

If the STD infection causes irritation of the skin, breaks or sores may make it easier for HIV to enter the body during sexual contact. Even when the STD causes no breaks or open sores, the infection can stimulate an immune response in the genital area that can make HIV transmission more likely.

In addition, if an HIV-infected person is also infected with another STD, that person is three to five times more likely than other HIV-infected persons to transmit HIV through sexual contact.

Not having (abstaining from) sexual intercourse is the most effective way to avoid all STDs, including HIV. For those who choose to be sexually active, the following HIV prevention activities are highly effective:

- Engaging in behaviors that do not involve vaginal or anal intercourse or oral sex
- Having sex with only one uninfected partner
- Using latex condoms consistently and correctly every time you have sex

For persons whose sexual behaviors place them at risk for STDs, correct and consistent use of the male latex condom can reduce the risk of STD transmission. However, no protective method is 100 percent effective, and condom use cannot guarantee absolute protection against any STD. Furthermore, condoms lubricated with spermicides are no more effective than other lubricated condoms in protecting against the transmission of HIV and other STDs. Use of some spermicides may actually increase the risk of STD transmission. In order to achieve the protective effect of condoms, they must be used correctly and consistently. Incorrect use can lead to condom slippage or breakage, thus diminishing their protective effect. Inconsistent use, e.g., failure to use condoms with every act of intercourse, can lead to STD transmission because transmission can occur with a single act of intercourse.

Can I get HIV while playing sports?

There are no documented cases of HIV being transmitted during participation in sports. The very low risk of transmission during sports participation would involve sports with direct body contact in which bleeding might be expected to occur.

If someone is bleeding, their participation in the sport should be interrupted until the wound stops bleeding and is both antiseptically cleaned and securely bandaged. There is no risk of HIV transmission through sports activities where bleeding does not occur.

Can I get HIV from mosquitoes?

No. From the start of the HIV epidemic there has been concern about HIV transmission from biting and bloodsucking insects, such as mosquitoes. However, studies conducted by the CDC and elsewhere have shown no evidence of HIV transmission from mosquitoes or any other insects - even in areas where there are many cases of AIDS and large populations of mosquitoes. Lack of such outbreaks, despite intense efforts to detect them, supports the conclusion that HIV is not transmitted by insects.

The results of experiments and observations of insect biting behavior indicate that when an insect bites a person, it does not inject its own or a previously bitten person's or animal's blood into the next person bitten. Rather, it injects saliva, which acts as a lubricant so the insect can feed efficiently. Diseases such as yellow fever and malaria are transmitted through the saliva of specific species of mosquitoes. However, HIV lives for only a short time inside an insect and, unlike organisms that are transmitted via insect bites, HIV does not reproduce (and does not survive) in insects. Thus, even if the virus enters a mosquito or another insect, the insect does not become infected and cannot transmit HIV to the next human it bites.

There also is no reason to fear that a mosquito or other insect could transmit HIV from one person to another through HIV-infected blood left on its mouth parts. Several reasons help explain why this is so. First, infected people do not have constantly high levels of HIV in their blood streams. Second, insect mouth parts retain only very small amounts of blood on their surfaces. Finally, scientists who study insects have determined that biting insects normally do not travel from one person to the next immediately after ingesting blood. Rather, they fly to a resting place to digest the blood meal.

Can I get HIV from a bite?

Human Bite:

In 1997, CDC published findings from a state health department investigation of an incident that suggested blood-to-blood transmission of HIV by a human bite. There have been other rare reports in the medical literature in which HIV appeared to have been transmitted by a bite. Severe trauma with extensive tissue tearing and damage and presence of blood were reported in each of these instances. Biting is not a common way of transmitting HIV. In fact, there are numerous reports of bites that did *not* result in HIV infection.

Non-Human Bite:

HIV is a virus that infects humans and thus cannot be transmitted to or carried by non-human animals. The only exception to this is a few chimpanzees in laboratories that have been artificially infected with HIV. Because HIV is not found in non-human animals it is not possible for HIV to be transmitted from an animal bite, such as from a dog or cat.

Some animals can carry viruses that are similar to HIV, such as FIV (Feline Immunodeficiency Virus) found in cats or SIV (Simian Immunodeficiency Virus) found in apes. These viruses can only exist in their specific animal host and are not transmissible to humans.

Can I get HIV from getting a tattoo or through body piercing?

A risk of HIV transmission does exist if instruments contaminated with blood are either not sterilized or disinfected or are used inappropriately between clients. CDC recommends that instruments that are intended to penetrate the skin be used once, then disposed of or thoroughly cleaned and sterilized between clients.

Personal service workers who do tattooing or body piercing should be educated about how HIV is transmitted and take precautions to prevent transmission of HIV and other blood-borne infections in their settings.

If you are considering getting a tattoo or having your body pierced, ask staff at the establishment what procedures they use to prevent the spread of HIV and other blood-borne infections, such as the hepatitis B virus. You also may call the local health department to find out what sterilization procedures are in place in the local area for these types of establishments.

Frequently Repeated Rumors about HIV Transmission:

Did a Texas child die of a heroin overdose after being stuck by a used needle found on a playground?

This story was investigated and found to be a hoax. To become overdosed on a drug from a used needle and syringe, a person would have to have a large amount of the drug injected directly into their body. A needle stick injury such as that mentioned in the story would not lead to a large enough injection to cause a drug overdose. In addition, drug users would leave very little drug material in a discarded syringe after they have injected. If such an incident were to happen, there would likely be concerns about possible blood borne infections, such as human immunodeficiency virus and hepatitis B or C. The risk of these infections from an improperly disposed of needle, such as that described in the story, are extremely low.

Can HIV be transmitted through contact with unused feminine (sanitary) pads?

HIV cannot be transmitted through the use of new, unused feminine pads. The human immunodeficiency virus, or HIV, is a virus that is passed from one person to another through blood-to-blood and sexual contact with someone who is infected with HIV. In addition, infected pregnant women can pass HIV to their babies during pregnancy or delivery, as well as through breast feeding. Although some people have been concerned that HIV might be transmitted in other ways, such as through air, water, insects, or common objects, no scientific evidence supports this. Even though no one has gotten HIV from touching used feminine pads, used pads should be wrapped and properly disposed of so no one comes in contact with blood.

Is a *Weekly World News* story that claims CDC has discovered a mutated version of HIV that is transmitted through the air true?

This story is **not** true. It is unfortunate that such stories, which may frighten the public, are being circulated on the Internet.

Human immunodeficiency virus (HIV), the virus that causes AIDS, is spread by sexual contact (anal, vaginal, or oral) or by sharing needles and/or syringes with someone who is infected with HIV.

Babies born to HIV-infected women may become infected before or during birth or through breast feeding.

Many scientific studies have been done to look at all the possible ways that HIV is transmitted. These studies have not shown HIV to be transmitted through air, water, insects, or casual contact.

I have read stories on the Internet about people getting stuck by needles in phone booth coin returns, movie theater seats, gas pump handles, and other places. One story said that CDC reported similar incidents about improperly discarded needles and syringes. Are these stories true?

CDC has received inquiries about a variety of reports or warnings about used needles left by HIV-infected injection drug users in coin return slots of pay phones, the underside of gas pump handles, and on movie theater seats. These reports and warnings have been circulated on the Internet and by e-mail and fax. Some reports have falsely indicated that CDC "confirmed" the presence of HIV in the needles. CDC has not tested such needles nor has CDC confirmed the presence or absence of HIV in any sample related to these rumors. The majority of these reports and warnings appear to have no foundation in fact.

CDC was informed of one incident in Virginia of a needle stick from a small-gauge needle (believed to be an insulin needle) in a coin return slot of a pay phone. The incident was investigated by the local police department. Several days later, after a report of this police action appeared in the local newspaper, a needle was found in a vending machine but did not cause a needle-stick injury.

Discarded needles are sometimes found in the community outside of health care settings. These needles are believed to have been discarded by persons who use insulin or are injection drug users. Occasionally the "public" and certain groups of workers (e.g., sanitation workers or housekeeping staff) may sustain needle-stick injuries involving inappropriately discarded needles. Needle-stick injuries can transfer blood and blood-borne pathogens (e.g., hepatitis B, hepatitis C, and HIV), but the risk of transmission from discarded needles is extremely low.

CDC does not recommend testing discarded needles to assess the presence or absence of infectious agents in the needles. Management of exposed persons should be done on a case-by-case evaluation of (1) the risk of a blood-borne pathogen infection in the source and (2) the nature of the injury. Anyone who is injured from a needle stick in a community setting should contact their physician or go to an emergency room as soon as possible. The health care professional should then report the injury to the local or state health department. CDC is not aware of any cases where HIV has been transmitted by a needle-stick injury outside a health care setting.

How safe is the blood supply in the United States?

The U.S. blood supply is among the safest in the world. Nearly all people infected with HIV through blood transfusions received those transfusions before 1985, the year HIV testing began for all donated blood.

The Public Health Service has recommended an approach to blood safety in the United States that includes stringent donor selection practices and the use of screening tests. U.S. blood donations have been screened for antibodies to HIV-1 since March 1985 and HIV-2 since June 1992. The p24 Antigen test was added in 1996. Blood and blood products that test positive for HIV are safely discarded and are not used for transfusions.

The improvement of processing methods for blood products also has reduced the number of infections resulting from the use of these products.

Currently, the risk of infection with HIV in the United States through receiving a blood transfusion or blood products is extremely low and has become progressively lower, even in geographic areas with high HIV prevalence rates.

* This list is subject to change as new blood safety opportunities and requirements emerge. Additional tests may be performed to meet special patient needs.

How can I tell if I'm infected with HIV? What are the symptoms?

The only way to know if you are infected is to be tested for HIV infection. You cannot rely on symptoms to know whether or not you are infected with HIV. Many people who are infected with HIV do not have any symptoms at all for many years.

The following **may be** warning signs of infection with HIV:

- rapid weight loss
- dry cough
- recurring fever or profuse night sweats
- profound and unexplained fatigue
- swollen lymph glands in the armpits, groin, or neck
- diarrhea that lasts for more than a week
- white spots or unusual blemishes on the tongue, in the mouth, or in the throat
- pneumonia
- red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids
- memory loss, depression, and other neurological disorders

However, no one should assume they are infected if they have any of these symptoms. Each of these symptoms can be related to other illnesses. Again, **the only way to determine whether you are infected is to be tested for HIV infection.**

Similarly, you cannot rely on symptoms to establish that a person has AIDS. **The symptoms of AIDS are similar to the symptoms of many other illnesses.** AIDS is a medical diagnosis made by a doctor based on specific criteria established by the CDC.

For more information refer to the Morbidity and Mortality Weekly Report "*1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults*" at http://www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm.

For information on locating an HIV testing site, visit the National HIV Testing Resources Web site at http://www.hivtest.org.

If you would like more information or have personal concerns, call the CDC National AIDS Hotline at 1-800-342-AIDS (2437) (English), 1-800-344-SIDA (7432) (Spanish), or 1-800-243-7889 (TTY).

Where can I get tested for HIV infection?

Many places provide testing for HIV infection. Common testing locations include local health departments, clinics, offices of private doctors, hospitals, and sites specifically set up to provide HIV testing. To find a testing site near you, visit the South Dakota Department of Health test site information at www.state.sd.us/doh/Address/stdtest.htm.

How long after a possible exposure should I wait to get tested for HIV?

The tests commonly used to detect HIV infection are actually looking for antibodies produced by an individual's immune system when they are exposed to HIV. Most people will develop detectable antibodies within two to eight weeks (the average is 25 days). Ninety seven percent will develop antibodies in the first three months following the time of their infection. In very rare cases, it can take up to six months to develop antibodies to HIV.

What if I test positive for HIV?

If you test positive for HIV, the sooner you take steps to protect your health, the better. Early medical treatment and a healthy lifestyle can help you stay well. Prompt medical care may delay the onset of AIDS and prevent some life-threatening conditions. There are a number of important steps you can take immediately to protect your health:

- See a licensed health care provider, even if you do not feel sick. Try to find a health care provider who has experience treating HIV. There are now many medications to treat HIV infection and help you maintain your health. It is never too early to start thinking about treatment possibilities.
- Have a TB (tuberculosis) test. You may be infected with TB and not know it. Undetected TB can cause serious illness, but it can be successfully treated if caught early.
- Smoking cigarettes, drinking too much alcohol, or using illegal drugs (such as cocaine) can weaken your immune system. There are programs available that can help you reduce or stop using these substances.

There is much you can do to stay healthy. Learn all that you can about maintaining good health.

Not having (abstaining from) sex is the most effective way to avoid transmitting HIV to others. If you choose to have sex, use a latex condom to help protect your partner from HIV and other STDs. Studies have shown that latex condoms are very effective, though not perfect, in preventing HIV transmission when used correctly and consistently. If either partner is allergic to latex, plastic (polyurethane) condoms for either the male or female can be used.

For persons whose sexual behaviors place them at risk for STDs, correct and consistent use of the male latex condom can reduce the risk of STD transmission. However, no protective method is 100 percent effective, and condom use cannot guarantee absolute protection against any STD. Furthermore, condoms lubricated with spermicides are no more effective than other lubricated condoms in protecting against the transmission of HIV and other STDs. Use of some spermicides may actually increase the risk of STD transmission. In order to achieve the protective effect of condoms, they must be used correctly and consistently. Incorrect use can lead to condom slippage or breakage, thus diminishing their protective effect. Inconsistent use, e.g., failure to use condoms with every act of intercourse, can lead to STD transmission because transmission can occur with a single act of intercourse.

Why is CDC recommending that all pregnant women be tested for HIV?

There are now medical therapies available to lower the chance of an HIV-infected pregnant woman passing HIV to her infant before, during, or after birth. ZDV (zidovudine, also known as AZT or Retrovir) is the only drug which has been proven to reduce perinatal transmission. Refer to the *Public Health Service Task Force Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States* for more information.

HIV testing and counseling provides an opportunity for infected women to find out if they are infected and to gain access to medical treatment that may help to delay disease progression. It also allows them to make informed choices during delivery that can prevent transmission to their infant. For women who are not infected, HIV counseling provides an opportunity to learn important prevention information to reduce the possibility of future exposures. For more information, refer to the CDC Revised Recommendations for HIV Screening of Pregnant Women.

WEBSITES

SD Coordinated School Health, HIV Prevention
http://www.state.sd.us/deca/CSCF/schoolhealth/aids/index.htm

SD Department of Health, AIDS webpage
http://www.state.sd.us/doh/Pubs/aids.htm

Centers for Disease Control
http://www.cdc.gov/

Mayo Clinic
http://www.mayo.org

World AIDS Day
http://www.worldaidsday.org/

Avert-AIDS Charity
http://www.avert.org

AIDS Quilt Project
http://www.aidsquilt.org/

Talking with Kids about Tough Issues
http://www.talkingwithkids.org/

AIDS Education Global Information System
http://www.aegis.org/

Talk with Your Kids
http://talkingwithkids.org/first.html

REFERENCES

SD Dept of Education, Coordinated School Health Program, HIV/AIDS Education

SD Dept of Health, Disease Control

Centers for Disease Control, Division of HIV/AIDS Prevention

AVERT.Org

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